

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Island			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Washington COUNTY Island			
b. CITY, TOWN, OR LOCATION Freeland		c. LENGTH OF STAY IN ¹⁰ 10 yrs	c. CITY, TOWN, OR LOCATION Freeland			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rural Rt. #1			d. STREET ADDRESS Rt. #1			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last RICHARD O. WARD			4. DATE OF DEATH Month Day Year May 30, 1966			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-21-1909	9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, area if retired) L.W. officer - Wash.	10b. KIND OF BUSINESS OR INDUSTRY State Patrol - Retired	11. BIRTHPLACE (State or foreign country) So. Dakota		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Fred Hugh Ward			14. MOTHER'S MAIDEN NAME Mary P. Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT Address Richard M. Ward, Alderwood Manor, Wn.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which give rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE. CONDITION GIVEN IN PART I(a).					INTERVAL BETWEEN ONSET AND DEATH 5 years +	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ e. m. _____ p. m. _____ Month, Day, Year JUL 11 1966						
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from 9-14-59 to 5-30-66 and last saw him alive on 5-28-66 . Death occurred at 8:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Don D. Sandy (Degree or title)		22b. ADDRESS Langley Wash		22c. DATE SIGNED 5-31-66		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6/3/66	23c. NAME OF CEMETERY OR CREMATORY Langley Cemetery	23d. LOCATION (City, town, or county) (State) Langley, Island, Wash			
24. GENERAL DIRECTOR GENERAL ADDRESS HEDGECOCK GENERAL Langley, Wash			25. DATE REC'D BY LOCAL REG. 5-31-66	26. REGISTRAR'S SIGNATURE Vicki A. Hedgcock		